

# Technical Reference Team

## Recommendation 9: Performance and Accountability

### Background

The UN Commission on Life-Saving Commodities for Women and Children (the Commission) was formed in 2012 by the UN Secretary-General as part of the global Every Woman Every Child (EWEC) movement. EWEC challenges the global community to increase access to and appropriate use of essential medicines, medical devices, and health supplies that effectively address the leading preventable causes of death during pregnancy, childbirth, and childhood.

Led by a wide range of high-level leaders from around the world, the Commission developed a framework for action on Reproductive, Maternal, Newborn, and Child Health (RMNCH) products that can be applied nationally and utilized in global RMNCH initiatives. The framework outlines a priority list of 13 commodities, key barriers to access and use, and 10 cross-cutting recommendations to rapidly increase both access and use. By increasing access to and use of these 13 commodities, it is estimated that 6 million women and children can be saved by 2017.

### Moving forward

To help carry forward the Commission's recommendations at the global and national levels, **Global Technical Reference Teams (TRT)** were established. One group was formed for each of the 13 commodities and 10 recommendations, and an advocacy working group is dedicated to advancing cross-cutting goals. The groups carry out their work through a variety of mechanisms, including guidance documents and tools to support countries in their efforts to implement recommendations and address global and regional bottlenecks. These reference teams are coordinated by a Strategy and Coordination Team hosted by the United Nations Children's Fund (UNICEF).



Health care workers, like this woman in Uganda, are an essential ingredient to the success of lifesaving commodities for women and children. To generate demand and ensure the greatest impact of health products, frontline health workers must be adequately trained and have access to job aids and other resources.

### Spotlight on Recommendation 9

The most effective health commodities cannot make a positive impact if knowledgeable and appropriately trained health care workers are not available to deliver them. Barriers to increased demand among health workers include lack of training in and knowledge about the efficacy and use of a particular product, outdated standards of practice, and policies restricting certain types of health workers—including community health workers and pharmacists—from prescribing and administering lifesaving commodities.

To improve performance and accountability, Recommendation 9 calls upon all EWEC countries, by the end of 2013, to implement mechanisms such as checklists to ensure that health care providers are knowledgeable about the latest national guidelines.

The Recommendation 9 TRT will work to achieve this goal by developing job aids to improve performance among health workers, establish monitoring systems for performance measurement and accountability, and supporting mobile and electronic health applications to support these efforts.

### Group membership

The global conveners for the Recommendation 9 TRT are the African Medical and Research Foundation and the mHealth Alliance at the United Nations Foundation. Other members include the United Nations Fund for Population Activities, the World Health Organization, Innovation Working Group, the Government of Norway, the US Agency for International Development, Children Investment Fund Foundation, and Save the Children.

### Progress to date

The Recommendation 9 TRT has:

- Hosted workshops to review existing guidelines, checklists, job aids, and supporting mobile and electronic applications to support the use of lifesaving commodities in all EWEK countries.
- Supported the development of national action plans to achieve Recommendation 9, including measurable objectives, in 7 EWEK countries.
- Provided technical assistance to help countries complete comprehensive reviews of existing guidelines and checklists, and identify existing gaps for new tools as well as potential mobile and electronic support systems.
- Developed specific training requirements, by commodity, for various categories of health workers, including private health care providers and community health workers.
- Initiated discussions on the design of potential mobile and electronic applications—such as text and pictorial materials for primary training as well as dynamic problem-solving applications—to facilitate widespread support for health workers using the 13 commodities.

### Upcoming activities

During the coming year, the Recommendation 9 TRT will:

- Complete a landscaping map of available guidelines, job aids, and checklists to support the use of the 13 commodities in pathfinder countries

as well as available mobile and electronic support systems.

- Identify gaps for new guidelines and opportunities to expand guidelines and support systems.
- Develop generic checklists and job aids to improve the performance of health workers and support task-shifting to increase the use and scale-up of lifesaving commodities in three priority countries.
- Implement monitoring systems that track performance measurements and support accountability for using job aids and adhering to checklists that support proper utilization of the 13 commodities.

### Available resources

Seven EWEK countries have analyzed the current landscape of job aids, guidelines, and checklists, and five countries have developed plans to support improved job performance and accountability.

The Recommendation 9 TRT is available to provide technical assistance in the form of:

- Developing action plans and timelines.
- Refining national plans.
- Supporting landscaping analyses.
- Supporting technical components of developing new mobile and electronic systems and applications.

### Contact us

For more information or to request tools and technical assistance, please contact John Nduba, African Medical and Research Foundation ([john.nduba@amref.org](mailto:john.nduba@amref.org)), and Patricia Mechael, mHealth Alliance ([pmechael@mhealthalliance.org](mailto:pmechael@mhealthalliance.org)).